

Case Number:	CM14-0108445		
Date Assigned:	08/01/2014	Date of Injury:	05/30/2007
Decision Date:	06/30/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 45-year-old male who sustained an industrial injury on 05/30/2007. Diagnoses include chronic pain disorder, major depression, generalized anxiety disorder and sleep disorder. Treatment to date has included medications, psychological and psychiatric care and in-patient hospitalization. According to the treating physician's progress notes dated 5/28/14, the IW reported feeling better since beginning Wellbutrin, with better mood and increased energy and activity. He also reported increased socialization with family as a result. On examination, HAM-D testing score was 18. His speech, thought processes, insight, judgment, memory, attention span and concentration, language and fund of knowledge were all found to be within the parameters of normal for this IW. A request was made for Seroquel 100mg, Paxil 20mg and Wellbutrin 75mg to maintain improved psychological state.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 prescription of Seroquel 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Atypical Antipsychotics, Quetiapine (Seroquel).

Decision rationale: ODG states "Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The injured worker has been diagnosed with chronic pain disorder, major depression, generalized anxiety disorder and sleep disorder. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Since the use of Seroquel seems to be off label in this case, the request for 1 prescription of Seroquel 100mg is excessive and not medically necessary.

1 prescription of Paxil 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors) Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The injured worker has been diagnosed with chronic pain disorder, major depression, generalized anxiety disorder and sleep disorder. There is no documentation evidence of objective functional improvement with the continued use of Paxil. Also, she is being prescribed two antidepressant medications at low doses. The request for 1 prescription of Paxil 20mg is not medically necessary at this time.

1 prescription of Wellbutrin 75mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Bupropion Page(s): 16. Decision based on Non-MTUS Citation Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "Bupropion (Wellbutrin(R)), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss. Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" The injured worker has been diagnosed with chronic pain disorder, major depression, generalized anxiety disorder and sleep disorder. The documentation suggests that the injured worker's energy levels and mood improved with the Wellbutrin. Based on the functional improvement with the use, the request for 1 prescription of Wellbutrin 75mg is medically necessary.